

**SECTION VIII**  
**FACILITY AND EMERGENCY MANAGEMENT**

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**FACILITY**

Family planning clinics should be:

- Geographically accessible to the population served and along public transportation routes (if applicable).
- Available at times convenient to those seeking services. To assure access to care, clinics are strongly encouraged to offer evening or weekend hours. Efforts should also be made to provide care for walk-in clients.
- Designed to ensure client comfort and confidentiality.
  - There should be adequate space for private consultation and interviews (to protect client confidentiality).
  - Traffic flow through the clinic is such that unnecessary embarrassment to the client is avoided and staff can function efficiently.
  - There should be adequate bathrooms, changing areas, and exam areas.
- A smoke and drug-free environment [**Public Law 103-227 and Appendix C to 45 CFR 76**].

Family planning clinics must be:

- In compliance with applicable standards established by the federal, state and local governments (e.g., local fire, building and licensing codes).
- Accessible to handicapped visitors and clients. Including:
  - Entrance ramps that are clearly marked and accessible
  - Toilets accessible to the handicapped
  - Handicapped parking

(Program Guidelines 6.4, p.9)

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### LIABILITY INSURANCE

All agencies must have a comprehensive liability insurance policy in place that covers all segments of the project funded under the Title X grant, including all personnel providing direct client services for all non-profit agencies.

Liability coverage should also be considered for members of the governing board and advisory/education committees.

Exact terms of coverage needed are included in “Duties of Contractor” section of the contract.

(Program Guidelines 5.3, p.6)

### POLICY ON PURCHASE OF PAP SMEARS BY DELEGATE AGENCIES

Delegate agencies must use the cytology laboratory which is **Clinical Laboratory Improvement Amendments (CLIA)** or **College of American Pathologists (CAP)** certified. Cytology labs must report using the Bethesda system.

If a delegate agency wishes to use a lab unknown to CDPHE WHU, it is the responsibility of the delegate agency to confirm the laboratory’s certification status and inquire about quality assurance practices, in an effort to assure quality of service.

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**EMERGENCY MANAGEMENT**

All facilities should meet applicable standards for the management of emergencies established by the federal, state, and local government.

All agencies must have written plans and procedures for the management of emergencies or disasters and staff should have completed training and understand their roles in an emergency or natural disaster. This must be a delegate-, agency- or county-specific policy. (Program Guidelines 6.4, p.9) [29 CFR 1910.38]

Fire evacuation routes should be prominently posted. [29 CFR 1910.37]

Exits should be recognizable and free from barriers. [29 CFR 1910.37]

**ANNUAL DRILLS**

All agencies should conduct drills for medical emergencies, fire, bomb threats, and bioterrorism on an annual basis, and keep documentation of the same.

Local consultation can usually be obtained from the local fire and/or police departments.

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**EMERGENCY SERVICES**

Non-Medical

- *Fire*
  - Know where the exits are. Post a diagram in a highly visible clinic area showing location of exits and fire extinguishers.
  - Know where your fire extinguishers are and how to use them.
    - Type A fire is paper/wood, etc., extinguished by water.
    - Type B/C fire is chemical/electrical, extinguished (smothered) by CO<sub>2</sub> (carbon dioxide).
    - These are not interchangeable.
- *Bombs*
  - Your agency should have a policy in place regarding how to deal with bomb threats to your clinic.
  - This policy should address whom to notify, what to do with clients in the clinic, evacuation of the building, etc.
  - Local consultation can usually be obtained from the Fire and/or Police Department.
- *Bioterrorism*
  - Each agency must have a policy in place regarding how to handle bioterrorism threats. This must be a delegate-, agency- or county-specific policy.
  - This policy should address the chain of command, client and staff safety, contamination protocols, and reporting procedures.
  - Any such threats should be immediately referred to your local fire/police department.
  - Visit the website: <http://bt.naccho.org/> to find the Bioterrorism Response Plan Clearinghouse Web page. It is a database of various health emergency plans.

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**EMERGENCY SERVICES**

Medical

- Each site must have arrangements for provision of services for emergencies that may arise outside of clinic hours, i.e., complications of contraceptive methods. (Program Guidelines 7.3, p. 15)
  - Display emergency number(s) in family planning offices.
  - At the time of initiation of a contraceptive method (hormonal, IUD, sterilization), the client should be given the emergency phone number and the procedure to follow in case of a contraceptive-related medical emergency occurring outside of clinic hours.
- Payment for Emergency Services- While the clinic should help the client find potential resources for reimbursement of the referral provider; the clinic itself is not responsible for the cost of this care.
- Reports of emergency services provided to clients outside the clinic must be obtained by the clinic, initialed and filed in the client's record.

\* For medical emergencies that arise within the clinic, please refer to the Emergency Medical Protocol in the Nursing Protocol Manual.